

FILED JAN 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3128

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 85	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY AAO			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS			
d. FULL NAME OF HOSPITAL OR INSTITUTION PEOPLE HOSPITAL				e. STREET ADDRESS (If rural, give location) 1427^a N. 9th St.			
3. NAME OF DECEASED (Type or Print) SYLVESTER		a. (First) SYLVESTER		b. (Middle) NAME		c. (Last) PIGHEE	
5. SEX MALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH MAY 4, 1904	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY PORTLAND CEMENT Co.		11. BIRTHPLACE (State or foreign country) BRINKLEY, ARK.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME EARNEST PIGHEE		13b. MOTHER'S MAIDEN NAME ROBERTA DAVIS		14. NAME OF HUSBAND OR WIFE JESSIE LEE PIGHEE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 492-28-0047		17. INFORMANT'S SIGNATURE OR NAME Jessie Lee Pighee ADDRESS 1427 N. 9th			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant Hypertension ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) High Blood Pressure DUE TO (c) Kidney Failure, Anemia & Hemiparesis				INTERVAL BETWEEN ONSET AND DEATH One month	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 144				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from Dec. 20th 1948 , to Jan 2, 1949 , that I last saw the deceased alive on Jan 2, 1949 , and that death occurred at 8:35 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE James M. Phillips, M.D. (Degree or title) MD				23b. ADDRESS 4050 Delmar Blvd.		23c. DATE SIGNED 1/3/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 1-7-49		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) BRINKLEY, ARK.	
DATE REC'D BY LOCAL JAN 5 1949		REGISTRAR'S SIGNATURE J. B. Laster		25. FUNERAL DIRECTOR'S SIGNATURE A. J. Walton ADDRESS 2707 Stoddard St.			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Arthur L. Hilliard

Signed _____

Student Embalmer

Licensed Embalmer No. 4221

P. O. Address 4049 St Ferdinand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.